## **Application Data Sheet**

### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: APPARATUS AND METHOD FOR

**DETERMINING ADEQUACY OF** 

**ELECTRODE-TO-SKIN CONTACT AND** 

ELECTRODE QUALITY FOR

**BIOELECTRICAL MEASUREMENTS** 

Attorney Docket Number:: BEW-005

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 13

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Leslie

Middle Name:: William

Family Name:: Organ

City of Residence:: Charleston

State or Province of Residence:: SC

Country of Residence:: US

Street of mailing address:: 1837 Kempton Road

City of mailing address:: Charleston

State or Province of mailing address:: SC

Postal or Zip Code of mailing address:: 29412

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: Carless

Family Name:: Smith

City of Residence:: Toronto

Country of Residence:: Ontario

Street of mailing address:: 1733 Queen Street East

Suite 306

City of mailing address:: Toronto

State or Province of mailing address:: ON

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: M4L 6S9

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Joel

Middle Name:: Steven

Family Name:: Ironstone

City of Residence:: Toronto

Country of Residence:: Ontario

Street of mailing address:: 207 - 39 Jarvis Street

City of mailing address:: Toronto

State or Province of mailing address:: ON

Country of mailing address::

Canada

Postal or Zip Code of mailing address::

M5E 1Z5

**Correspondence Information** 

Correspondence Customer Number::

00959

**Representative Information** 

Representative Customer Number::

00959

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/429,316	11/27/02

# **Assignee Information**

Assignee name::

Z-Tech (Canada) Inc.

Street of mailing address::

2 Berkeley Street

Suite 310

City of mailing address::

Toronto

State or Province of mailing address::

ON

Country of mailing address::

Canada

Postal or Zip Code of mailing address::

M5A 4J5